

Oklahoma State Department of Health MAIN DRAIN COVER WORKSHEET

Date: _____ County: _____ Permit Number: _____ License Number: _____
(Complete one form for each licensed public bathing place. Replacement of drain cover requires an additional method of suction entrapment protection.)

Facility Name: _____
Facility Address: _____
City, State, Zip: _____
Contact Person: _____
Phone Number: _____ Fax: _____
Email: _____

Pool Type: Swimming Pool Spray Pool Other (describe) _____
 Wading Pool Therapy Pool Spa

Existing Drain Cover(s):

Single: _____ Multiple: _____ Other: _____
(describe other)

For pools with multiple drain covers what is the separation distance: _____
(Measured from the center of the covers)

Drain cover shape:

Round 6" 8" 10" Other
Square 12" x 12" 9" x 9" 18" x 18" Other
Other (describe) _____

Proposed modification(s) to drain covers

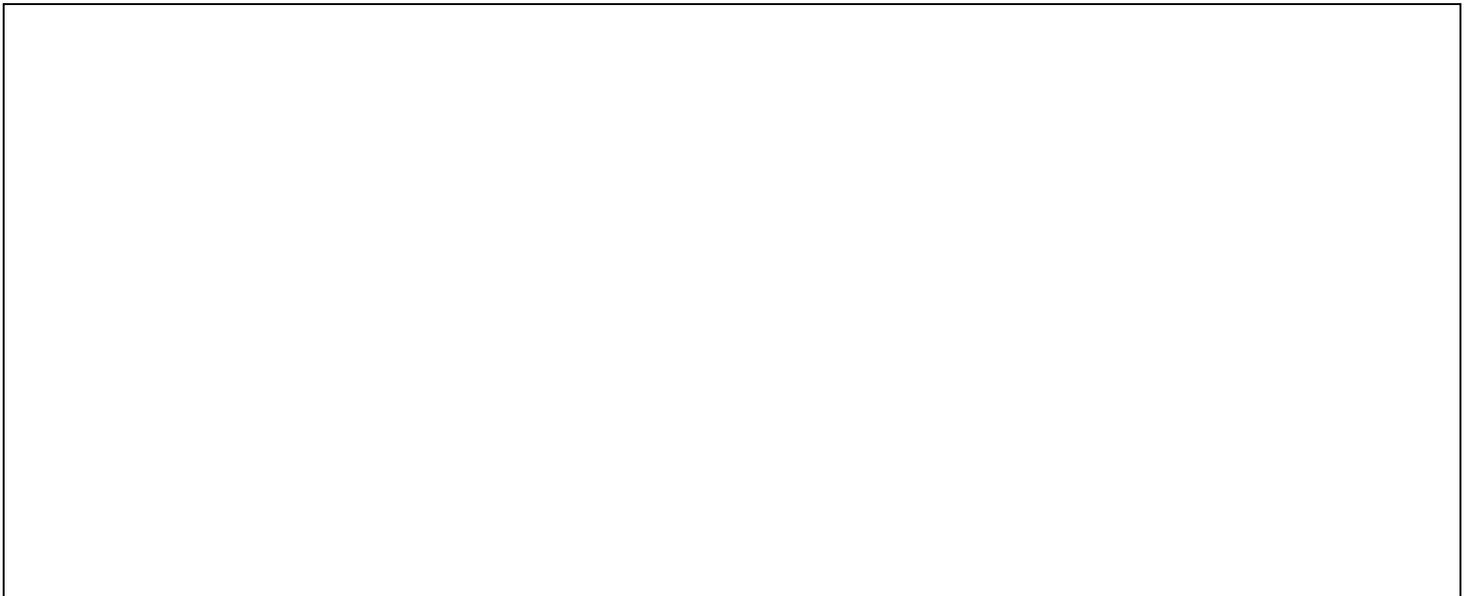
(A single main drain requires an additional method of protection to prevent suction entrapment)

Make and model number of equipment to be installed, including type of drain covers and equipment for suction entrapment. Drain covers include all submerged suction outlets. This includes the main drain and skimmer equalizer pipe openings.

(Note: If providing modifications, include skimmer equalizer pipe openings)

**Drain cover configuration changes: **

(Use the space below to sketch proposed modifications, if any, to the main drain system. Please include pipe diameter as well as drain cover size. For pools with multiple drains please indicate distance apart measured from the center of the covers.)



Please return completed form to your local county health department

